

WEBSITE: www.dmvnow.com

SUT 2 (Rev. 08/02)

APPLICATION FOR REFUND OF SALES AND USE TAX

Any person who has made an erroneous payment of a sales/use tax to DMV may make application for a refund of that fee. However, application for refund must be submitted within three years of the date the erroneous payment was made.

INFORMATION FOR APPLICANTS

1. If you are requesting a refund because you paid tax based on an incorrect sales price, please attach proof that you paid a lower price and submit with your Virginia title for correction.
2. If you are requesting a refund because you paid a sales tax on the vehicle in another state, attach written evidence from that state of the payment, as well as proof of titling or registration there.
3. If you are requesting a refund under the Virginia Motor Vehicle Warranty Enforcement Act (VMVWEA), also known as the Virginia "lemon law." Attach a written statement from the manufacturer or franchised dealer that the vehicle was returned under the VMVWEA.

Dealer applicants: In addition to the written statement above, also attach a statement or receipt signed by the customer that you have refunded the Sales & Use Tax to the customer, and check one of the following:

☐ Franchised Dealer ☐ Non-franchised Dealer

4. Mail Request to: Department of Motor Vehicles
P.O. Box 27412
Richmond, VA 23269
ATTN: SUT-2 Refund

Please print or type:

VEHICLE INFORMATION

| | | | |
|-------------------|--------------|------|------|
| Vehicle ID Number | Title Number | Make | Year |
|-------------------|--------------|------|------|

APPLICANT'S NAME AND MAILING ADDRESS FOR REFUND

| | | | |
|-------------------------------|---------------------------------------|----------|--|
| Name | Company Name (if a Dealership) | | |
| OR | | | |
| Social Security Number* | Employer ID Number (If a Dealership)* | | |
| OR | | | |
| Street, R.F.D., or Box Number | | | |
| City | State | Zip Code | |

REASON REFUND IS REQUESTED

(Explain in detail why you are applying for a refund and attached required documents as explained above.)

Please attach a list on reverse side the vehicles that were returned under Virginia Motor Vehicle Warranty Enforcement Act for the same business name.

SIGNATURE

| | | |
|--------------------------------|------|----------------------------------|
| Signature of Applicant | Date | Phone Number (optional) |
| Signature of Co-owner (if any) | | Date |

DMV OFFICE USE ONLY

| | | | | | |
|----------------------|--------------|-----------|-------------|---------------|---------------------|
| Refund Code | Revenue Code | Date Paid | Amount Paid | Refund Amount | Teller/Agency Stamp |
| Authorized Signature | | | | | |

*Required by the State Comptroller for debt set-off collection purposes in accordance with Code of Virginia §2.1-196.1, 2.1-731 and 2.1-734 et al.